

**STATE OF CALIFORNIA**  
**OFFICE OF MEDI-CAL PROCUREMENT**  
**ACCESS TO DATA LIBRARY**  
**LIST OF AUTHORIZED PERSONNEL**

| <b>Name</b> | <b>Organization</b> | <b>Affiliate</b> |
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**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Company:** \_\_\_\_\_